

## **ELCMHT Guidance on: The use of interpreters**

### **WHY USE AN INTERPRETER?**

People who are non-English speaking are amongst the most vulnerable groups living in East London, often experiencing high levels of unemployment, poor health and housing conditions. They face multiple barriers to accessing appropriate services, the most obvious being the language barrier.

Effective communication with people who don't speak English or who have some degree of deafness or sight loss is only possible by ensuring access to high quality translation and interpreting services. Systems and procedures that meet the language needs of patients, service users and carers, must be at the heart of the care we provide.

### **WHEN SHOULD AN INTERPRETER BE USED?**

An Interpreter should be used if:

- The service user or carers' first language is not spoken English and the service users command of English compromises care
- The service user has a hearing impairment and uses British Sign Language to communicate
- The service user uses another form of translation e.g. Makaton
- A service user requests an interpreter
- A family member is offering to interpret for the service user

### **WHERE SHOULD AN INTERPRETER BE USED?**

An interpreter should be used:

- In one to one consultations/interviews
- Risk assessments
- CPA meetings and ward meetings
- Home visits or office/ward based visits
- Formal assessments: including A&E, Mental Health Act, assessment prior to admission to in patient services

### **WHO SHOULD ACT AS AN INTERPRETER?**

The use of a relative, friend, untrained volunteer or member of staff to interpret for a service user or carer may appear, at first glance, to have several

advantages. They are readily available, they may appear to be familiar with the patient's problems and the patient may find their presence reassuring.

However there are implications when relatives, friends, untrained volunteers or members of staff are allowed to interpret for individuals.

### **Relatives and friends**

Using relatives and friends to interpret may inhibit the service user or carer from discussing embarrassing issues or disclosing past events such as abuse. There are also risks that relatives and friends may change what is said because they want to:

- Protect the service user or carer from bad news, or decide to tell them in private later
- Withhold information about side effects, believing that it will improve compliance
- Hide the true causes of an injury

### **Untrained staff/volunteers**

The use of an untrained volunteer or member of staff to interpret, although helpful at times, has the following implications:

- Availability cannot be guaranteed, especially in an emergency or outside working hours
- Most will not have received any training in interpreting and although some may have an instinctive understanding of what is required, others may lack empathy or have a poor grasp of the language
- Service users or carers may be worried about confidentiality when using an interpreter who is not qualified or known to them, especially if they are both members of a small community

Interpreters will be expected to have had proper training and awareness of these important issues, specifically from a mental health perspective.

### **ELCMHT has agreed:**

Relatives, friends, untrained volunteers or staff should not be used as an interpreting resource. Children should never be used as interpreters.

Whenever an interpreter is required, staff should use qualified personal interpreters provided by the recommended interpreting service provider.

**Ratified by the ELCMHT Healthcare Governance Committee 11 October 2006**